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IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
CHICAGO DIVISION

FILED  
JAN 16 2008  
JAN 16, 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

LOUIS C. SHOPTIN,  
Plaintiff  
v.

CASE # 08 CV 0116

D. HARVEY, CLINICAL DIRECTOR  
ET AL  
Defendants

EVIDENCE ATTACHED

URGENT

NOTICE TO HONORABLE COURT  
AND OFFER OF PROOF

DIRECTED TO THE HONORABLE MATTHEW KENNEDY, Judge

May IT PLEASE THE HONORABLE COURT.

PETITIONER CITES THAT DUE TO INADEQUATE

MEDICAL CARE, <sup>1/</sup> ON January 9, 2008, PLAINTIFF

HAD HEART FAILURE AND WAS RUSHED FROM

219 SOUTH DEARBORN TO UNIVERSITY OF ILLINOIS

MEDICAL CENTER Emergency Room. Upon

ARRIVAL, AND Emergency CONSULT WAS

1/ AND DIET AND PROPRIO NEEDS

HAD WITH CARDIOLOGY STAFF DOCTORS AND  
 BECAUSE OF PLAINTIFF'S CONDITION; HE  
 WAS TRANSFERRED TO THE OPERATING ROOM,  
 WHERE DR. M. VIDOVICH (312) 996-4300 IMPLANTED  
 AN EIGHTH (8<sup>TH</sup>) CORONARY STENT VIA  
 VASCULAR INTERVENTION. ADDITIONALLY  
 DR. VIDOVICH INFORMED PLAINTIFF THAT DUE  
 TO NOT GETTING A CARDIAC DIET, THE STENT  
 PLACED ON DECEMBER 8, 2007 WAS 20% BLOCKED.

DR. VIDOVICH INFORMED PLAINTIFF HE  
 MUST CONTINUE VYTORIN<sup>1/</sup>, A MEDICATION  
 THAT DEFENDANT HAS CONCURRENTLY REFUSED  
 PLAINTIFF. SEE EXHIBIT A, B, & C

PLAINTIFF BRINGS TO THE JUDICIAL  
 ATTENTION OF THE COURT DOCUMENT

131 FILED 1/08/08 IN 82CR555 ←

<sup>2/</sup>  
 1/ANTI PLACQUIN DRUG

SHOOTING IN U.S.), SEE CABLES FROM  
PRESCRIPTIONS NUMBERED 106587 FOR  
METOPROLOL 100 BID AND PRESCRIPTION  
106558 "LEVOTYROSINE SODIUM" 100mg,  
BOTH MEDICATIONS ISSUED TO METROPOLITAN  
CONNECTICUT CENTER BY DEFENDANT POLANSKY.

PLAINTIFF CITES THAT DR. NOKOWSKI  
CALLED UNIVERSITY ILLINOIS MEDICAL CENTER  
AND SPOKE TO TREATING M.D. DR. LO,  
AND ASKED DR. LO TO DISCHARGE

PLAINTIFF BACK TO MCC, WHILE KNOWING  
THAT MCC CANNOT, AND DO NOT HAVE  
THE FACILITIES TO CARE FOR PLAINTIFF,  
KNOWING PLAINTIFF HAS LITIGATION  
AGAINST HARVEY ET AL.

PLAINTIFF SEEKS HIS RELEASE.

PLAINTIFF'S MEDICAL CONDITION IS VERY FRAGILE AND DEFENDANT HARVEY HAS MADE A PRIMA FACIE SHOWING OF GROSS NEGLIGENCE, WHICH CANNOT BE EXPLAINED. HOW CAN DR. HARVEY CURE WHAT HE HAS DONE?

EXHIBIT "A" IS THE MEDICAL RECORD NUMBER OF PLAINTIFF'S WRIST BAND

EXHIBIT "B" IS THE STENT PLACEMENT CARD.

EXHIBIT "C" IS THE AULIO - SEAL CARD.

PLAINTIFF BELIEVES THAT THE EVIDENCE IS WEIGHTY ENOUGH TO INDICT DEFENDANT

PLAINTIFF STATES THAT ON 12/11/07  
MEDICATIONS WERE ISSUED BY THE  
BUREAU OF PRISONS WHICH MATCH THE  
MEDICATION ADMINISTRATION RECORD OF  
JAMES T. CAIL. THAT THEREAFTER  
P. HARVEY DUPLICATED THIS NEGLIGENCE  
BY RE-ISSUING THOSE SAME MEDICATIONS.  
SEE EXHIBITS MARKED "D" AND "E".

PLAINTIFF ASSERTS THE EVIDENCE  
IS CLEAR, CONVINCING, AND TOTALLY  
COMPLETE WARRANTING SUCH SPONTE  
ACTION BY THIS HONORABLE COURT.

PLAINTIFF IN ADDITION TO MEDICATIONS  
ISSUED TO PLAINTIFF HARVEY ISSUE THE  
OKLAHOMA MEDICATIONS TO PLAINTIFF

BECAUSE PLAINTIFF IS YET TO RECEIVE  
A CAT SCAN OF HIS LEFT SHOULDER  
OR A BIOPSY OF HIS RIGHT BREAST,  
AND MAY HAVE TERMINAL CANCER,  
AND BECAUSE HARVEY ET AL CONTINUE  
TO DRAG THEIR LEGS WHILE PLAINTIFF'S  
HEALTH WORSENS, PLAINTIFF MOVES FOR  
NABAS CORPUS SEE G AND H, "ARROW"  
(EMPHASIS ADDED IN EXHIBIT)

FOR THE FOREGOING REASONS  
PLAINTIFF MOVES FOR HIS RELEASE, AS  
THE EVIDENCE IS CONCLUSIVE

Respectfully submitted

1/10/08

Yael M. [Signature]

Louis C. Swartz  
71 W. Van Buren St  
Chicago, IL 60605

## CERTIFICATE OF SERVICE

That on and after 10 Day of January  
A Copy of the foregoing Notice was  
MAILED TO U.S. Attorney 211 S.  
Dearborn St Chicago, IL 60604

Paul [Signature]

80492030-0369  
SHEPTIN, LOUIS

01/09/08  
MC 10/23/1948



↑  
WRIST HAND  
UCI ADDRESS (ON)

BE ADVISED THAT DR VROOVICH WAS  
VERY CONCERNED ABOUT PEINUTSKA'S CONDITION  
AND WANTED TO DO A BY-PASS ON  
PEINUTSKA

SEE EXHIBIT H  
THE MCL LABS  
IGNORED KAZALBY INCREASED  
DOSAGES OF MOTAMIN AND  
EXOTYKOTATOL

EXHIBIT "A"

P111

**Please carry this card at all times.  
Show it to any medical personnel who may be  
treating you.**

**PLEASE CARRY YOUR CARD AT ALL TIMES.** The Guidant MULTI-LINK VISION<sup>®</sup> family of coronary stents has been shown in non-clinical testing to be MRI safe immediately following implantation. MRI test conditions used to evaluate this stent were: for magnetic field interactions, a static magnetic field strength of 3 Tesla with a maximum spatial gradient magnetic field of 3.3 Tesla/meter; for MRI-related heating, a maximum whole body averaged specific absorption rate (SAR) of 2.0 W/kg for 15 minutes of MRI imaging. While a single stent produced a temperature rise of less than 0.8°C and should not migrate under these conditions, the response of overlapping stents or stents with fractured struts is unknown. Non-clinical testing has not been performed to rule out the possibility of stent migration at field strengths higher than 3 Tesla. MRI image quality may be compromised if the area of interest is in the exact same area or relatively close to the position of the stent.

Louis Sheptin 10/23/48

**Stent Patient Implant Card**

Patient Name	Date of Birth
M. Vidovich MD	3/29/46-4300
Implanting Physician's Name	Phone Number
UIC Medical Center	
Hospital Name	
Chicago, IL	1-9-08
City/State	Date of Implant

**Stent Identification Information**

MULTI-LINK VISION <sup>®</sup> 2.75 x 15 mm REF 1007847-15 LOT 7031331 RX	ANGIO-SEAL DESERT OF ELSINE DESIGNS	Affix Product Label Here or complete:	Affix Product Label Here or complete:
		Product Part # (REF)	Product Part # (REF)
		Product Lot #	Product Lot #
		Location of First Stent	Location of Third Stent Location of Fourth Stent
LAD			

41  
20  
x  
\$8.20

EXHIBIT "B"

**Patient Information Card**

PATIENT NAME Shepton, L.C

HOSPITAL NAME UIC

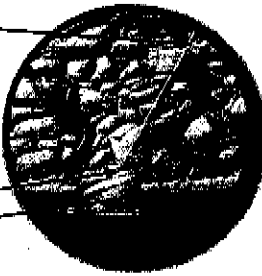

PHYSICIAN NAME M. Vidovich MD

PHYSICIAN PHONE NUMBER 312-996-4300

DEVICE PLACEMENT DATE 1/9/08

Right ☒ Left ☐ Femoral Artery  
DEVICE PLACEMENT LOCATION

PLEASE KEEP THIS CARD WITH YOU FOR THE NEXT 90 DAYS.



2-0 Suture

Collagen Anchor

EXHIBIT "C"

**PHARMACY SERVICES**  
FTC OKLAHOMA, OK 73189

RX# 527925 DR. MIER, PA 12/11/07  
SHEPTIN, LOUIS 3C  
90355-024 U 90355-024  
TAKE ONE TABLET BY MOUTH ONCE  
DAILY

LEVOTHROID 0.175MG TAB # 7  
RXH 3 REFILL(S) EXPIRES: 01/10/08

**PHARMACY SERVICES**  
FTC OKLAHOMA, OK 73189

RX# 527274 DR. GOFORTH, 12/05/07  
SHEPTIN, LOUIS 3C  
90355-024 U 90355-024  
TAKE ONE TABLET BY MOUTH  
EVERY DAY --- NOTE: THIS  
REPLACES VYTORIN -- ALONG  
WITH ZETIA

SIMVASTATIN \* 40 MG TAB # 7  
KWO 3 REFILL(S) EXPIRES: 01/05/08

**PHARMACY SERVICES**  
FTC OKLAHOMA, OK 73189

RX# 527271 DR. GOFORTH, 12/05/07  
SHEPTIN, LOUIS 3C  
90355-024 U 90355-024  
TAKE 1/2 TABLET BY MOUTH TWICE A  
DAY --- NOTE: DOSE AND STRENGTH

SOTALOL 80MG TABS # 7  
KWO 3 REFILL(S) EXPIRES: 01/05/08

**PHARMACY SERVICES**  
FTC OKLAHOMA, OK 73189

RX# 527922 DR. MIER, PA 12/11/07  
SHEPTIN, LOUIS 3C  
90355-024 U 90355-024  
TAKE 1 TO 2 TABLETS BY  
MOUTH EVERY 6 HOURS  
AS NEEDED FOR PAIN

ACETAMIN \* 325 MG TAB # 40  
RXH 3 REFILL(S) EXPIRES: 01/10/08

**PHARMACY SERVICES**  
FTC OKLAHOMA, OK 73189

RX# 527272 DR. GOFORTH, 12/05/07  
SHEPTIN, LOUIS 3C  
90355-024 U 90355-024  
TAKE ONE TABLET BY MOUTH EVERY  
MORNING --- NOTE: THIS REPLACES  
VYTORIN --- CONTINUED IN TRANSIT

ZETIA 10MG # 7  
KWO 3 REFILL(S) EXPIRES: 01/05/08

**PHARMACY SERVICES**  
FTC OKLAHOMA, OK 73189

RX# 527927 DR. MIER, PA 12/11/07  
SHEPTIN, LOUIS 3C  
90355-024 U 90355-024  
TAKE ONE TABLET BY  
MOUTH 3 TIMES DAILY  
WITH FOOD

METFORMIN \* 850 MG TAB  
RXH 3 REFILL(S) EXPIRES: 01/10/08

**PHARMACY SERVICES**  
FTC OKLAHOMA, OK 73189

RX# 527266 DR. GOFORTH, 12/05/07  
SHEPTIN, LOUIS 3C  
90355-024 U 90355-024  
TAKE ONE TABLET BY  
MOUTH TWICE A DAY

ISOSORB DIN \* 10 MG TAB  
KWO 3 REFILL(S) EXPIRES: 01/05/08

**PHARMACY SERVICES**  
FTC OKLAHOMA, OK 73189

RX# 527273 DR. GOFORTH, 12/05/07  
SHEPTIN, LOUIS 3C  
90355-024 U 90355-024  
TAKE ONE TABLET BY  
MOUTH TWICE A DAY

ISOSORB DIN \* 10 MG TAB  
KWO 3 REFILL(S) EXPIRES: 01/05/08

Avoid alcoholic beverages.  
May cause drowsiness.  
Swallow capsules whole.  
Do not break or chew.  
Take exactly as directed.  
Do not stop taking or discontinue unless directed by your doctor.  
Capsule-shaped Clear or Orange Beadlets DILANTIN 100 mg

**PHARMACY SERVICES**  
FTC OKLAHOMA, OK 73189  
RX# 527920 DR. MIER, PA 12/11/07  
SHEPTIN, LOUIS 3C  
90355-024 U 90355-024  
TAKE 3 CAPSULES BY MOUTH  
AT BEDTIME --- NOTE:  
DOSE AND STRENGTH  
DILANTIN \* 100 MG CAP  
RXH 3 REFILL(S) EXPIRES: 01/10/08

Do not take other medicines without your doctor's advice.  
Avoid grapefruit or grapefruit juice.  
Do not use this medication if you are pregnant, suspect that you are pregnant, or are breastfeeding.

Round Red 7155

This medicine contains Acetylsalicylic Acid. Taking more than recommended may cause serious blood problems.  
Do not take other Aspirin/Aspirin containing products at the same time without first checking with your doctor.  
Do not drink alcoholic beverages when taking this medicine.

Round White MLX 123

Call first with allergic reactions. Do not take more capsules. Do not take capsules after immediate allergic reactions. Tell your doctor if you have any other allergic reactions. Tell your doctor if you are taking any other medicines.

EXHIBIT "D"

**PHARMACY SERVICES**  
**FTC OKLAHOMA, OK 73189**  
 RX# 527929 DR. GOFORTH, 12/11/07  
 SHEPTIN, LOUIS 3C  
 90355-024 U 90355-024  
 TAKE ONE TABLET BY MOUTH EVERY  
 MORNING — NOTE: THIS REPLACES  
 VYTORIN — CONTINUED IN TRANSIT

**ZETIA 10MG** # 7  
 RXH 3 REFILL(S) EXPIRES: 01/10/08

**PHARMACY SERVICES**  
**FTC OKLAHOMA, OK 73189**

RX# 527921 DR. MIER, PA 12/11/07  
 SHEPTIN, LOUIS 3C  
 90355-024 U 90355-024  
 DISSOLVE 1 TABLET UNDER THE TONGUE  
 EVERY 5 MIN UP TO 3 DOSES IF NEEDED  
 CALL MEDICAL

**NITROGLYCERIN 0.4MG SUB** # 1  
 RXH 1 REFILL(S) EXPIRES: 01/10/08

**PHARMACY SERVICES**  
**FTC OKLAHOMA, OK 73189**

RX# 527918 DR. MIER, PA 12/11/07  
 SHEPTIN, LOUIS 3C  
 90355-024 U 90355-024  
**TAKE ONE TABLET BY**  
**MOUTH TWICE A DAY**

**RANITIDINE \* 150 MG TAB** # 14  
 RXH 3 REFILL(S) EXPIRES: 01/10/08

Warning: Do not use  
 while you are  
 breast-feeding.  
 Consult your doctor  
 or pharmacist.

Do not skip doses  
 or discontinue  
 unless directed by  
 your doctor.

Round White  
 RAN 150/APD  
 RAN 150

**PHARMACY SERVICES**  
**FTC OKLAHOMA, OK 73189**

RX# 527923 DR. MIER, PA 12/11/07  
 SHEPTIN, LOUIS 3C  
 90355-024 U 90355-024  
**TAKE ONE TABLET BY**  
**MOUTH ONCE DAILY**

**LANOXIN \* 0.25 MG TAB** # 7  
 RXH 3 REFILL(S) EXPIRES: 01/10/08

Do not take  
 other medicines  
 without your  
 doctor's advice.  
 Take exactly as directed.  
 Do not skip doses or  
 discontinue unless  
 directed by your doctor.

Round White  
 LANOXIN XSA

**PHARMACY SERVICES**  
**FTC OKLAHOMA, OK 73189**

RX# 527930 DR. GOFORTH, 12/11/07  
 SHEPTIN, LOUIS 3C  
 90355-024 U 90355-024  
 TAKE 1/2 TABLET BY MOUTH TWICE A  
 DAY — NOTE: DOSE AND STRENGTH

**SOTALOL 80MG TABS** # 7  
 RXH 3 REFILL(S) EXPIRES: 01/10/08

**PHARMACY SERVICES**  
**FTC OKLAHOMA, OK 73189**

RX# 527916 DR. MIER, PA 12/11/07  
 SHEPTIN, LOUIS 3C  
 90355-024 U 90355-024  
**TAKE ONE TABLET BY**  
**MOUTH ONCE DAILY**

**ASPIRIN EC \* 325 MG** # 7  
 RXH 3 REFILL(S) EXPIRES: 01/10/08

**PHARMACY SERVICES**  
**FTC OKLAHOMA, OK 73189**

RX# 527924 DR. MIER, PA 12/11/07  
 SHEPTIN, LOUIS 3C  
 90355-024 U 90355-024  
**TAKE ONE TABLET BY**  
**MOUTH ONCE DAILY**

**AMLODIPINE \* 10 MG TAB** # 7  
 RXH 3 REFILL(S) EXPIRES: 01/10/08

**PHARMACY SERVICES**  
**FTC OKLAHOMA, OK 73189**

RX# 527926 DR. MIER, PA 12/11/07  
 SHEPTIN, LOUIS 3C  
 90355-024 U 90355-024  
**TAKE ONE TABLET BY**  
**MOUTH TWICE A DAY**

**METOPROLOL \* 50 MG TAB** # 14  
 RXH 3 REFILL(S) EXPIRES: 01/10/08

**PHARMACY SERVICES**  
**FTC OKLAHOMA, OK 73189**

RX# 527928 DR. GOFORTH, 12/11/07  
 SHEPTIN, LOUIS 3C  
 90355-024 U 90355-024  
**TAKE ONE TABLET BY MOUTH**  
**EVERY DAY — NOTE: THIS**  
**REPLACES VYTORIN — ALONG**  
**WITH ZETIA**

**SIMVASTATIN \* 40 MG TAB** # 7  
 RXH 3 REFILL(S) EXPIRES: 01/10/08

**PHARMACY SERVICES**  
**FTC OKLAHOMA, OK 73189**

RX# 527917 DR. MIER, PA 12/11/07  
 SHEPTIN, LOUIS 3C  
 90355-024 U 90355-024  
**TAKE ONE TABLET BY**  
**MOUTH ONCE DAILY**

**CLOPIDOGREL BISULFATE \* 75 MG TAB** # 7  
 RXH 3 REFILL(S) EXPIRES: 01/10/08

Avoid alcoholic  
 beverages.  
 Swallow tablet(s) whole.  
 Do not break or chew.  
 Take with a full  
 glass of water.  
 Take with  
 food.  
 Round Orange K

Do not take other  
 medicines without  
 your doctor's advice.  
 May cause  
 dizziness  
 or drowsiness.  
 Nonprescription drugs may  
 aggravate your condition. Check  
 with your doctor or pharmacist if  
 you have questions.  
 Take exactly as directed.  
 Do not skip doses  
 or discontinue unless  
 directed by your doctor.  
 Round Blue  
 A10/M

Do not take other  
 medicines without  
 your doctor's advice.  
 Take with  
 food or milk.  
 Do not skip doses or  
 discontinue unless  
 directed by your doctor.  
 Medicine may impair your  
 ability to drive or operate  
 machinery. Use care until you  
 know how it affects you.  
 Round White 477

Do not take other  
 medicines without  
 your doctor's advice.  
 Avoid grapefruit  
 or grapefruit juice.  
 Do not use this medication if  
 you are pregnant, suspect  
 that you are pregnant, or  
 are breastfeeding.

Round Red  
 7155/83

Do not take other  
 medicines without  
 checking with your  
 doctor or pharmacist.  
 Take exactly as directed.  
 Do not skip doses or  
 discontinue unless  
 directed by your doctor.

Round Pink  
 75/171

EXHIBIT 'E'

## Saint Anthony Hospital

1000 North Lee, Oklahoma City, Oklahoma 73102

ST ANTHONY HOSPITAL

\* SHEPTIN, LOUIS I/P  
 0734100419 CAR 3005-01  
 10/23/1948 59Y M 12/07/07  
 SUTOR, RONALD 000511770

## Inpatient Discharge Instructions

## Diagnoses and Comments:

~~CAD to extent~~ *Seizure Disorder*  
~~AFIB~~ *R Shoulder soft tissue injury*  
~~Hepatitis C~~  
~~GERD~~

## Appointments:

Physician: *Dr. Cantone* *Medical Clinic* date/time: \_\_\_\_\_

## Special Instructions:

Diet: *Healthy Diet* Activity: *NO Lifting for 1 week*

Other: (laboratory, physical therapy, return to work, etc)

Home Health: \_\_\_\_\_ phone: \_\_\_\_\_

## Medications: (name, dosage, how often)

*Ec Aspirin 325 daily po*  
~~*Plavix 75mg*~~ *Return to work*  
~~*Vitamin D140 every evening*~~  
~~*Sotalol 40mg*~~  
~~*Zantac 150 mg twice daily*~~  
~~*Dilantin 300 mg every day*~~  
~~*NTG 0.4mg SL PRN chest pain*~~  
~~*Ibuprofen 325 1-2 tabs q 4 hrs PRN pain*~~

If you have questions, call:

phone: \_\_\_\_\_

"I understand, and have received a copy of this discharge plan"

(signature of patient or guardian): *[Signature]*date: *12-10-07*

Physician signature: \_\_\_\_\_

date: \_\_\_\_\_

discharging nurse: *[Signature]*date: *12-10-07*

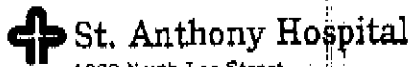
Initials: \_\_\_\_\_

EXHIBIT



STAT

ST ANTHONY HOSPITAL  
SHEPTIN, LOUIS  
0734100419 CAR 3005-01 I/P  
10/23/1948 59Y M 12/07/07  
000511770 SUTOR, RONALD



1000 North Lee Street  
Oklahoma City, OK 73102

SA302-B (Rev. 9/05)

## PHYSICIAN'S ORDERS



1000 North Lee Street  
Oklahoma City, OK 73102



St. Anthony South

BEHAVIORAL MEDICINE  
2129 S.W. 59th Street  
Oklahoma City, OK 73119

		Dangerous Abbreviations NOT To Be Used							
		Do Not Use		Use Instead		Do Not Use		Use Instead	
		U	Unit	X.0 mg	X mg	O.D.	Daily	MS or MSO4	Morphine
		IU	International Unit	.X mg	0.X mg	O.O.D.	Every other day	MgSO4	Magnesium Sulfate
DATE	12/10/07	Discharge							
TIME		<p>Aspirin 325mg daily PO</p> <p>Plavix 75mg daily</p> <p>Vyvan 10/16 every day</p> <p>Soma 40mg (twice daily)</p> <p>2.5mg 150mg <del>morning</del> <del>evening</del></p> <p>Tegretol 200mg twice daily</p> <p>Dilantin 300mg every evening</p> <p>Nic 0.4mg 506 per 50</p> <p>Tylenol 325mg 1-2 tabs every 4 hours PRN</p>							
DATE	12/10/07	<p>Dr. Sutor Spent time with Carolyn</p> <p>Hypertension</p> <p>Hypertension</p> <p>Hypertension</p> <p>Cholesterol</p> <p>Severe depression</p> <p>Alcohol withdrawal</p>							
TIME		<p>Borderline Anxiety</p> <p>① Breast Lump?</p> <p>Spurs on both feet need to be treated.</p> <p>② Shoulder, soft tissue injury - needs further work/phys.</p>							
DATE		<p>Pl. B. Continue in the medical Clinic F-TL</p> <p>AD lefty on serum for 1 week then and lab</p> <p>③ Weight loss + ④ Shoulder Soft tissue injury need further PT/OT/SP.</p>							
TIME		<p>R. K. Sutor</p>							

Do Not Use		Use Instead		Do Not Use		Use Instead		Do Not Use		Use Instead	
U	Unit	X.0 mg	X mg	O.D.	Daily	MS or MSO4	Morphine	MS or MSO4	MgSO4	Magnesium Sulfate	
IU	International Unit	.X mg	0.X mg	O.O.D.	Every other day						

EXHIBIT C

DOCTORS OF THE BUREAU OF PRISONS PUT  
 PETITIONER ON 3 MEDICATIONS WHICH  
 IN COMBINATION WERE KILLING PETITIONER  
 A DISCHARGE ORDER WAS MADE  
DELETING THE 3 MEDICATION SLIPS  
BELOW ↓

1.  
 MCC CHICAGO PHARMACY (312) 322-0567  
 71 W. VAN BUREN - CHICAGO, IL 60605  
 106562 P. HARVEY 12/19/07  
 SHEPTIN, LOUIS CHARLES 90355-0241  
 MCC CHICAGO - C01-023L  
 TAKE ONE TABLET BY MOUTH EACH DAY

FOR  
 BLOOD  
 PRESSURE

2.  
 AMLODIPINE 10 MG TAB #30  
 (2)Refills 12/19/2007 IL RxE Exp 03/17/08

CAUTION: Federal/State law prohibits transfer of this drug  
 to any person other than patient for whom prescribed.

3.  
 MCC CHICAGO PHARMACY (312) 322-0567  
 71 W. VAN BUREN - CHICAGO, IL 60605  
 106557 P. HARVEY 12/19/07  
 SHEPTIN, LOUIS CHARLES 90355-0241  
 MCC CHICAGO - C01-023L  
 TAKE ONE TABLET BY MOUTH TOGETHER  
 WITH 100MCG

FOR HYPOTHYROID

LEVOTHYROXINE SODIUM 75 MCG TAB #30  
 (2)Refills 12/19/2007 IL RxE Exp 03/17/08

CAUTION: Federal/State law prohibits transfer of this drug  
 to any person other than patient for whom prescribed.

3.  
 MCC CHICAGO PHARMACY (312) 322-0567  
 71 W. VAN BUREN - CHICAGO, IL 60605  
 106556 P. HARVEY 12/19/07  
 SHEPTIN, LOUIS CHARLES 90355-0241  
 MCC CHICAGO - C01-023L  
 TAKE ONE TABLET BY MOUTH TWICE  
 DAILY

FOR  
 DIABETES  
 LEVOTHYROID  
 - 1/1/08

METFORMIN 1000 MG TAB #60  
 (2)Refills 12/19/2007 IL RxE Exp 03/17/08

CAUTION: Federal/State law prohibits transfer of this drug  
 to any person other than patient for whom prescribed.

IN THE UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS **FILED**

JAN 10 2008 *am*

LOUIS C. SHEPTIN,  
PLAINTIFF

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

CASE # 08C116

vs.

JURY TRIAL DEMANDED

NURSE WALKER, RN,

AND

DIRECTED TO HON. MATTHEW

P. HARVEY, CLINICAL  
DIRECTOR & M.D.,

REARNEY, DISTRICT JUDGE

DEFENDANTS

EMERGENCY SUPPLEMENT  
WITH WITNESS AFFIDAVIT

SUPPLEMENT TO COMPLAINT

EMERGENCY ACTION

PLAINTIFF, LOUIS C. SHEPTIN HEREBY,

PURSUANT TO FEDERAL RULES OF CIVIL PROCEDURE,

SUPPLEMENTS HIS PREVIOUSLY FILED COMPLAINT

AS TO FURTHER RETALIATORY ACTS OF

DEFENDANT WALKER, NURSE AT MCC

CHICAGO: TO WIT:

PLAINTIFF REPEATS AND RECALLES ALL  
FACTS IN HIS PREVIOUS COMPLAINT AND  
STATES ON OATH:

I. STATEMENT OF OTHER FACTS

1) ON JANUARY 7, 2007 PLAINTIFF  
WENT TO A.M. PILE CASE AT METROPOLITAN  
CORRECTIONAL CENTER 21 WEST VAN BUREN  
STREET, CHICAGO, ILLINOIS

2) IN FRONT OF SEVERAL WITNESSES  
PLAINTIFF ATTEMPTED TO RENEW A  
PRESCRIPTION FOR A BOTTLE OF EMERGENCY  
CARDIAC MEDICATION KNOWN AS SUBLINGUAL  
NITROGLYCERIN, USED FOR CHEST PAIN.

SEE EXHIBIT "A"

3) THAT DEFENDANT WALKER  
RATHERLY REFUSED TO TAKE THE  
'INMATE PRESCRIPTION REFILL REQUEST'  
WITH THE CABLE CLEARLY AFFIXED TO  
THE REQUEST STATING "YOU LIKE TO  
BUE - GET THE JUDGE TO REFILL IT!"  
QUOTE- UNQUOTE. SEE EXHIBIT "A"

FAILURE TO REFILL THIS MEDICATION  
REQUEST COULD CAUSE PLAINTIFF'S DEATH,  
PAIN, SURGERY AND/OR CARDIO-DAMAGE.

WALKER'S ACTIONS ARE NEGLIGENT  
AND ARE A WANTON DISREGARD TO  
BOTH PLAINTIFF'S RIGHTS UNDER THE  
8<sup>TH</sup> AMENDMENT, AND AN ATTEMPT

TO THWART PLAINTIFF FROM LITIGATING  
IN THIS COURT, ANOTHER CONSTITUTIONAL  
RIGHT TO ACCESS THE COURTS PLAINTIFF SUES!

### RELIEF

PLAINTIFF SEEKS \$10,000.00 DAMAGES FROM  
WALKER COMPENSATORY SPECIAL DAMAGES  
PUNITIVE DAMAGES OF \$100,000.00,  
COST OF COURT, ATTORNEY FEES AND  
SUCH OTHER & FURTHER RELIEF AS  
THE COURT DEEMS JUST & PROPER

I, LOUIS C. SHATTUCK DECLARE  
UNDER PENALTY OF PERJURY THAT  
THE FOREGOING IS TRUE & CORRECT

EXECUTED THIS 7<sup>TH</sup> DAY OF  
JANUARY, 2007 AT 7:00AM

RESPECTFULLY SUBMITTED

ATTACHMENT:

AGREEMENT OF

MIKE HAYES

Yul C. Santos  
Louis C. Santos

71 W. VAN BUREN ST  
CHICAGO, IL 60605

# INMATE PRESCRIPTION REFILL REQUEST

Date: 1/7/08 6:30AM

Page      of     

Inmate Name: [Signature]

Inmate #:     

Unit:     

Rx Number

Medication Name and Strength

	MCC CHICAGO PHARMACY 71 W. VAN BUREN - CHICAGO, IL 60605 106565 P. HARVEY (312) 322-0567	S
	SHEPTIN, LOUIS CHARLES MCC CHICAGO - C01-023L 12/19/07 DISSOLVE 1 TAB UNDER TONGUE AT ONSET OF CHEST PAIN MAY REPEAT EVERY 5 MINUTES. MAX 3 DOSES. 90355-024	
	NITROGLYCERIN SL 0.4 MG TAB (3) Refills 12/19/2007 IL 1/25 CAUTION: Federal/State law prohibits transfer of this drug to any person other than collect for whom prescribed.	
you m		

LVN-IPRR

\*\* Must be legible to receive medication.

\*\*\* Will be ready for pickup

...ing days if refills are available.

EXHIBIT "A"

P111 1

EXHIBIT "A"

- 5 -

AFFIDAVIT

"I Mike Hayes STATE THAT ON  
1/7/07 AT A.M. PILL CASE I  
WITNESSED NURSE WACKER REFUSE  
TO TAKE SHEPARD'S REQUEST FOR  
NITRO, STATING "LET THE JUDGE HANDLE IT!"

WITNESS UNDER PENALTY  
OF PERJURY: Mike Hayes

Signed 07/Jan/07

Reg. 15268-031